

WebSPOE Edit Check Requirements

Referral

Child

Last Name

County of Residence

“Under 3” or Date of Birth

Referral Source

Referral Date

Contact Person

Last Name

Relationship to Child

Phone Number

Referring Person (if different from contact person)

Last Name

Phone Number

Other

Reason for Referral

Family informed of referral?

Initial Parental Consent

Child

First Name

Gender

Date of Birth

Race (and Ethnicity if Hispanic/Latino)

Language

Interpreter Needed?

School District

Other

Assign Intake Coordinator (and Start Date)

Assign Head of Household / Primary Contact / Educational Decision Maker

Head of Household

Address

Language

Interpreter Needed?

Educational Decision-Maker (if different from Head of Household)

Address
Language
Interpreter Needed?

Eligibility

Health Plans

Insurance (*this isn't required, right?*)

Medicaid

MC+

Eligibility

Eligibility Reason

Primary Diagnosis

Domain

One domain must be assessed.

Team Meetings

Meeting Planning

Meeting type (initial, etc.)

Meeting date

Meeting time

Meeting duration

Assign Service Coordinator

Intake Coordinators have to be listed as present team meeting members (for Initial)

Service Coordinators have to be listed as present team meeting members

At least one other team member needs to be entered (at least two must attend meetings)

IFSP

Attendance

Family Assessment consent (Initial, Annual mtgs only)

Create at least one outcome

Review all outcomes (6-month Review, Annual mtgs only)

Primary Setting

All seven domains assessed

Present levels for all domains (Initial and Annual mtgs only)

Required Transition Elements (Initial and Annual mtgs only)

Define IFSP and IFSP Period (Initial and Annual mtgs only)